

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------|-------------------------|---|----------|--------------------------|-------|--------------------------|-----------------------------------|--------------------------|-------------|--------------------------|------------|--------------------------|-------|-------------------|-----------------|----------|
| 1 Date of Request: <u>5-17-05</u> | | 2 Serial/Patent # <u>10-518,505</u> | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table> | <input checked="" type="checkbox"/> | Filing | <input type="checkbox"/> | Amendment | <input type="checkbox"/> | Extension of Time | <input type="checkbox"/> | Notice of Appeal/Appeal | <input type="checkbox"/> | Petition | <input type="checkbox"/> | Issue | <input type="checkbox"/> | Cert of Correction/Terminal Disc. | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Assignment | <input type="checkbox"/> | Other | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> | Filing | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Amendment | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Petition | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Issue | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | | | | | | | | | | | | | | | | | | | | |
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| 7 TOTAL AMOUNT OF REFUND | | 8 TO BE REFUNDED BY: | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 95%;">Treasury Check</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Credit Deposit A/C #:</td> </tr> <tr> <td align="center">9</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">--</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> </td> </tr> </table> | | <input type="checkbox"/> | Treasury Check | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | 9 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">--</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> | | | -- | | | | | | | | | | | |
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| 9 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">--</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> | | | -- | | | | | | | | | | | | | | | | | | | |
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| 10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table> | | <input checked="" type="checkbox"/> | Overpayment | <input type="checkbox"/> | Duplicate Payment | <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | | | | | | | | | | | | | |
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| 11 REFUND REQUESTED BY: | | | | | | | | | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: _____ | | TITLE: _____ | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: _____ | | PHONE: _____ | | | | | | | | | | | | | | | | | | | | | |
| OFFICE: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: